

STATE OF MONTANA

APPLICATION FOR REINSTATEMENT OF DOMESTIC LIMITED PARTNERSHIP (35-12-620 MCA)

MAIL: **BRAD JOHNSON**
Secretary of State
P.O. Box 202801
Helena, MT 59602-2801

PHONE: (406)444-3665
FAX: (406)444-3976
WEB SITE: sos.mt.gov



Prepare, sign, submit with an original signature and filing fee

This is the minimum information required.
(This space for use by the Secretary of State only)

Filing Fee: \$15.00

☐ **24 Hour Priority Filing Add \$20.00**

☐ **1 Hour Expedite Filing Add \$100.00**

Note: The Domestic Limited Partnership Renewal Form must be submitted in addition to the Reinstatement Forms in order to complete the reinstatement process.

For the purpose of reinstating a Limited Partnership according to Title 35, Chapter 12, MCA, the undersigned submits the following statements of fact to the Secretary of State of Montana.

1. The name of the Limited Partnership is: _____
(The name must contain the words LIMITED PARTNERSHIP in full or the abbreviation LP)
2. The certificate of limited partnership was cancelled on: _____
3. The Domestic Limited Partnership Renewal Form is completed and attached with the additional \$15.00 filing fee ☐ ☒ .
4. The name and address of the agent for the service of the process in Montana:
Name: _____
Street Address: _____
City: _____ Montana, Zip Code: _____
5. The name and address of each general partner (*attach list if necessary*): _____

6. If the limited partnership name has been legally acquired by another entity prior to its Application for Reinstatement the limited partnership desires to be reinstated with the new name of: _____

By my signature below, I, a general partner of the above limited partnership, do state that I signed this statement on behalf of the limited partnership and that the statements therein contained are true, under penalty of false swearing.

Signature of General Partner

Date

- ❖ All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.
- ❖ There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office encourages that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.
- ❖ Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt. During this period if it's determined that your

document doesn't meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter. If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.

STATE OF MONTANA

APPLICATION *for* RENEWAL of REGISTRATION of LIMITED PARTNERSHIP

MAIL: **BRAD JOHNSON**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

PHONE: (406)444-3665
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WEB SITE: *sos.mt.gov*



Prepare, sign, submit with an original signature and filing fee.

This is the minimum information required.
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Filing Fee: \$15.00

☐ **24 Hour Priority Filing Add \$20.00**

☐ **1 Hour Expedite Filing Add \$100.00**

For the purpose of renewing a Limited Partnership registration in the State of Montana for a period of five years, according to 35-12-611, MCA, the undersigned submits the following statements of fact to the Secretary of State:

1. The complete name of the Limited Partnership _____
2. The address of the principal office of the Limited Partnership **(including the street name and number):**

3. The state of jurisdiction is: _____
4. The name and address of the specified agent for service of process is (address must be **in Montana and include street name and number** in addition to box number, if applicable).

5. The name and address, including street and number if applicable, of each general partner is (attach list if necessary)
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____
6. If changes have occurred in the name(s) of your general partners since your last filing, please file an amendment in addition to this renewal form. You will find the statutory reference in 35-12-602, MCA. The filing fee is an additional \$15.00 for the amendment. Should the entity be a foreign limited partnership, you will need to file a statement of correction.

By my signature below, I, a general partner of the above limited partnership, do state that I signed this statement on behalf of the limited partnership and that the statements therein contained are true, under penalty of false swearing.

Dated this _____ day of _____, 20____

(Name of Limited Partnership)

(Signature of General Partner)

Note: The information on this renewal must agree with the information on file, unless an amendment is filed.

Application for Renewal of Registration of Limited Partnership Other Information

- ❖ **All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.**
- ❖ **There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office encourages that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.**
- ❖ **Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt. During this period if it's determined that your document doesn't meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter. If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.**